

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-037602

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 20Y

FILED NOV 13 1962

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		c. CITY OR TOWN Butler	
Length of stay in 1b 25 years		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co Memorial Hosp		d. STREET ADDRESS (If outside, give location) 404 W Ohio	
Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First Rpy Middle Russell Last Spears		4. DATE OF DEATH Month Oct. Day 31 Year 1962	
5. SEX Male	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/31/1906
9. AGE (last birthday) 55		IF UNDER 1 YEAR Months 10 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Monument Co.	
11. BIRTHPLACE (City and state or country) Bates Co MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Spears		13b. MOTHER'S MAIDEN NAME Dollie Durrett	
14. NAME OF HUSBAND OR WIFE Mildred Spears		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mildred Spears Butler Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 Da.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced Rheumatoid Arthritis		7 yrs.	
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
20c. TIME OF INJURY Hour --- a.m. --- p.m. Month, Day, Year ---	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Aug. 15 1962		20f. CITY, TOWN, OR LOCATION Butler Mo.	
21. I attended the deceased from Aug. 15 1962 to Oct 31 1962 and last saw her/him alive on Oct. 31 1962		Death occurred at 5:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Chas. A. Lusk Jr. M.D.		22b. ADDRESS State Bank Bldg. Butler Mo	
22c. DATE SIGNED 11/1/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/2/62		23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	
23d. LOCATION (City, town, or county) Butler Mo.		24. FUNERAL DIRECTOR Culver Underwood, Butler Mo.	
25. DATE RECD. BY LOCAL REG. 11/3/62		26. REGISTRAR'S SIGNATURE Norma Jean Wilson	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.